

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-675)

SERIAL NO.

02/465046

FILING DATE

APPLICANT(S)

521-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11		10		10		
12				1		
13				1		
14				1		
15				3		
16				3		
17				1		
18				1		
19						
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49						
50						
TOTAL IND.	10		10			
TOTAL DEP.	10		24			
TOTAL CLAIMS	20		34			

	A		B		521-04	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.					3	
TOTAL DEP.					25	
TOTAL CLAIMS					28	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS